



STATE OF TENNESSEE
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

**AFFIDAVIT OF RETIREMENT
FROM PRACTICE IN TENNESSEE**

PLEASE TYPE OR PRINT ALL INFORMATION IN INK.

I, _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

of _____
(STREET ADDRESS) (APT.#) (City) (State) (Zip)

SOCIAL SECURITY # _____ HOME PHONE # _____

WHO IS LICENSED TO PRACTICE AS A _____
(GIVE THE TITLE OF YOUR LICENSE)

IN TENNESSEE UNDER THE LICENSE NUMBER _____ ISSUED ON _____
(MONTH) (DAY) (YEAR)

DO SOLEMNLY SWEAR THAT I HAVE RETIRED FROM PRACTICE AS THE PROFESSIONAL LISTED ABOVE IN THE
STATE OF TENNESSEE ON THIS DATE _____
(MONTH) (DAY) (YEAR)

SIGNATURE OF LICENSEE

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____

AT _____
(CITY) (STATE)

NOTARY SEAL

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____